STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Bayfield Co. Zoning Dept

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Refund: Date: Amount Paid: Permit #: 7-00% 75%

Shoreland —>	1	Section 2.	1/4,	PROJECT: LOCATION		Authorized Agent: (be	Contractor:		Address of Property:	- erome	Owner's Name:	TYPE OF PERMIT RE	DO NOT STAKE CONSTRUC
□ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	\mathcal{O} , Township 43 N, Range $\overline{\mathcal{A}}$	1/4 Gov't Lot S/N /2	Legal Description: (Use Tax Statement)	British Collings Abundances of Section (51)	Signing Application on hehalf of Owner(s)				Lerome L. Drman		TYPE OF PERMIT REQUESTED→ □ LAND USE □ SANITARY □ PRIVY	DO NOT START CONSTRUCTION UNITE ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
ke, Pond or Flowage If yescontinue	er, Stream (incl. Intermittent) If yes—continue —	Town of:	CSM VOI & Page	PIN: (23 digits) 04-		Apent Phone:	Contractor Phone:	Same	City/State/Zip:	HTGI Me low	Mailing Address:	UTARY 🗆 PRIVY 🗆	APPLICANI.
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	CAble	Lot(s) No. Block(s) No.	8924	0	Agent Mailing Address (include City/State/Zio)	Plumber:			14791 Mc Name the Calule W. 546	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE	
	<u> </u>	Lot Size	Subdivision:	Recorded Docu		State/7in)·				- 548°			
□ Yes	Is Property in Floodplain Zone?	Acreag		Document: (i.e. Property Ownership)	Attached Yes No	Written A	Plumber Phone:	3/6-1	Cell Phon	_	Telephon	□ B.O.A. □ O	
Z es	Are Wetlands Present?	Acreage /S.3S		erty Ownership) (s) $\frac{1}{\sqrt{2}}$	No	Written Authorization	Phone:	100	Cell Phone: 470	798-5010	70	□ OTHER	

						<i>γ</i> .		Value at Time of Completion * include donated time & material
		Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	Addition/Alteration 🗆 1-Story + Loft	☐ New Construction	Project
		☐ Foundation	□ No Basement	Basement	☐ 2-Story	☐ 1-Story + Loft	✓ 1-Story	# of Stories and/or basement
					T _{spel}	✓ Year Round	☐ Seasonal	Use
			⊠ None		□ 3	ີ 2	L.	# of bedrooms
1877 Left .	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
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Non-Shoreland

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Proposed Use	\	Proposed Structure	Dimensions	Square Footage
and the state of t		Principal Structure (first structure on property)	×	
		Residence (i.e. cabin, hunting shack, etc.)	(x	
`		with Loft	(x	
✓ Residential Use		with a Porch	×	
		with (2 nd) Porch	×	
		with a Deck	(×)
		with (2 nd) Deck	(×)
Commercial Use		with Attached Garage	(x)
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(x)
		Mobile Home (manufactured date)	(x))
		Addition/Alteration (specify)	(x)
Wunicipal Use	ħ	Accessory Building (specify) (5 P 20 7 hasses)	(8'x/6')	1128
TO AN ARTHUR THE STATE OF THE S	X	Accessory Building Addition/Alteration (specify)	(x)
Rec'd for Issuance	***************************************			
	ه مارسیاس	Special Use: (explain)	(x	}
		Conditional Use: (explain)	(x	
Secretarial Staff		Other: (explain)	×	
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FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) acknowledge that I (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described accounty and any reasonable time for the purpose of inferences.

	Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	

1 HONOR listed on the Debt All Owners must sign or letter(s) of authorization must accompany this application)

Tormon

Address to send permit

Owner(s): (If there are

Date

Date

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Date of Approval.	Date of Appro	Hold For Fees:		Hold For Affidavit:	<u> </u>	Hold For TBA:		Signature of Inspector: Hold For Sanitary:	T ~
	Date			ory building ory building ory building or sleep or the net of the	n: No access an habitatio ecessary cou ecessary cou ed water s pproved conn maintain set	Condition for hum without n pressuriz unless a meet and	Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.	national, room	2 2
n (ction:	Lakes Classification (Date of Re-Inspection:	articles 1		Y:	Inspected by:	700 A # 100 A + 100 A	7/7/7	Date of Inspection:	3 0
(2017)	Zoning District							Inspection Record:	
ON C	er Xiγes ⊡ Yes	Were Property Lines Represented by Owner Was Property Surveyed	Were Property Line			% Yes □ No	Was Parcel Legally Created Was Proposed Building Site Delineated	Was F Was Proposed Bu	
	Case #:		Previouslý Granted by Variance (B.O.A.) ☐ Yes ☐ No				e (B.O.A.) Case #:	Granted by Variance (B.O.A.) □ Yes 🖟No	□ ପ୍
□Yes XNo □Yes XNo	Affidavit Required Affidavit Attached	□Yes XNo	Mitigation Required Mitigation Attached	XNO XNO XNO	d) Jous Lot(s))	(Deed of Record) (Fused/Contiguous Lot(s))	Standard Lot	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	700
			j	1	Permit Date:		(383) (383)	Permit #: つる	g
	Sanitary Date:	# of bedrooms:	3/6	mber: 425 Denial:	Sanitary Number: Reason for Denial:	e Only)	Issuance Information (County Use Only) Permit Denied (Date):	Issuance Informa Permit Denied (Date)	ъ .
id <u>weil</u> (w).	ank (HI) PRIVELED and some begun. If orm Dwelling Code.	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	n the Date of Issuance ii n the Date of Issuance ii Municipalities Are Requ Federal agencies may a	1) Year from velling: ALL I ty, State or I	ts Expire One (Two Family Dw Dwn, Village, Ci	and Use Permi Of New One & The local To	NOTICE: All I For The Construction	(9)	
d must be visible from ucture, or must be	the setback must be measure of the proposed site of the str	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	the minimum required setback of a corrected compass from	y (30) feet from i	t but less than thirt verifiable by the De	re than ten (10) fee surveyed corner, or	onstruction of a structure moorner to the other previously: yor at the owner's expense.	r to the placement or o previously surveyed co- ked by a licensed surve	Pric
sly surveyed corner to the	ble from one previou	ary line from which the setback must be measured must be visit	bound	Feet red setback, the	he mini	10) feet	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten laboratory and the previously surveyed comer or marked by a licensed survey	Setback to Privy (P Prior to the placement or other previously surveyed	Se Price
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res [NO		dplain	Elevation of Floodplain	Feet	200		ast Lot Line	Setback from the East Lot Line	ا الآ
		tland	Setback from Wetland	Feet	200		North Lot Line South Lot Line	Setback from the North Lot Line Setback from the South Lot Line	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
feet		Setback from the Bank or Bluff	Setback from the	- Feet	100	way	-stabilshed kight-or-	toack from the	Tg
N/M Feet		Lake (ordinary high-wa	Setback from the	Feet	C. C. Brade	Road	Setback from the Centerline of Platted Road	tback from the	် လ
Measurement		Description		nent	Measurement		Description		
ed by the Planning & Zoning Dept.	pproved by the Planni	Changes in plans must be approv	Cha		ng) st point)	(7) above (prior to continuing) ks: (measured to the closest	te (1) - (7) above (prior to continuing) Setbacks: (measured to the closest point)	Please complete (1) (8) Setbacl	•
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Advise 11 - 11 - 1									
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			JAN A. J.	in the state of th	6				
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	nd/or (*)	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	ian Frontage Road (Name Frontage Rore) Frontage Road (Name Frontage Rores on your Property Pric Tank (ST); (*) Drain Field (DF); (*) Stream/Creek; or (*) Pond Slopes over 20%	ontage Roa on your Prop Tank (ST); (tream/Cree pes over 20	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (All Existing Structures on your Proper (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	North (N) (*) Drivev All Existir (*) Well ((*) Lake; (*) Wetla	Show / Indicate: Show Location of (*): Show: Show: Show any (*): Show any (*):	765432	
			e applying for)	that you are	egardless of w	ur Property (r	X below. Draw or Sketch your Property (regardless of what you are applying for) (1) Show Location of: Proposed Construction	#ox below	

Dues engling Drain Field Existing St. Dog Existing Garden Existing Septic Janko

Village, State or Federal May Also Be Required

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JANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

17-0283 Janice Cuccia & Jerome Parman No. Issued To: Location: $\frac{1}{4}$ of Section 20 43 Township N. Range Town of Cable W. Gov't Lot Lot 3 Block Subdivision CSM# 1095 & N 1/2 of Lot 4

For: Residential Accessory Structure Addition: [1- Story; Greenhouse (8' x 16') = 128 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 26, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

BAYFIELD COUNTY, WISCONSIN

Dave Salamp (Received)

JUL 1 4 2017 C

Bayfield Co. 2027

Zoning Dept.

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75. ~ 7-17-1;	Amount Paid:
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□ Non-Shoreland	人Snoreland 小板s Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	Section 27, Township 43 N, Range 8	5W 1/4, WW 1/4 Gov't Lot Lot(s)	PROJECT LEGAL Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	10215 OLE Lake Ad	TIMOTHY P. FOUGT	TYPE OF PERIMIT REQUESTED—▶ ☐ LAND USE ☐ SANITARY ☐ PRIVY Owner's Name: Mailing Address:
	ke, Pond or Flowage If yescontinue	er, Stream (incl. Intermittent) If yescontinue>	_ W Town of:	CSM Vol & Page	Tax ID# (4-5 digits)	Agent Phone:	Contractor Phone:	City/State/Zip:	53/4 57/60	NITARY □ PRIVY □ Mailing Address:
	Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	cable	Lot(s) No. Block(s) No.	W	Agent Mailing Address (include City/State/Zip):	Plumber:	WT 54621	53/4 Spicebush La Madi SON WI 53714 608-577-4536	☐ CONDITIONAL USE ☐ SPECIAL USE City/State/Zip:
) 	7	Lot Size	. Subdivision:	Recorded Deed (i.e. #. Document #	y/State/Zip):			WE 5 2M	ECIAL USE B.O.A.
	□ Yes □ Yes X No	Is Property in Are Wetlands Floodplain Zone? Present?	Acreage 8,5		ed (i.e. #assigned by Register of Deeds)	Written Authorization Attached □ Yes □ No	Plumber Phone:	Cell Phone:	0 608-577-4536	O.A. □ OTHER

Proposed Construction:	Existing Structure					Conversion Conversion	< > > > > > > > > > > > > > > > > > > >		Value at Time of Completion * include donated time & material
action:	Existing Structure: (if permit being applied for is relevant to it)		Property	☐ Run a Business on	Relocate (existing bldg)	□ Conversion	□ Addition/Alteration	New Construction	Project
	r is relevant to it)	A Corpue	☐ Foundation	□ No Basement	Basement	☐ 2-Story	☐ 1-Story + Loft	✓ 1-Story	# of Stories and/or basement
Length: 20	Length:						Vear Round	Seasonal	Use
3			*	None		□ 3	□ 2	1	# of bedrooms
Width: C	Width: Height:	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	E Sanitary (Exists) Specify Type:	□ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
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Proposed Use	*	Proposea Structure	Ç	Dimensions	Footage
		Principal Structure (first structure on property)	^	×)	
		Residence (i.e. cabin, hunting shack, etc.)	(×)	
•		with Loft	(x)	
Residential Use		with a Porch	(x)	
		with (2 nd) Porch	•	×	
		with a Deck	_	×)	
		with (2 nd) Deck	(x)	
Commercial Use		with Attached Garage	•	x)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	{	x)	
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		Addition/Alteration (specify)	(x)	
_ iviunicipal use	P	Accessory Building (specify)	2	(プス×ウイ)	
Rec'd for Issuance		Accessory Building Addition/Alteration (specify)	(x }	
	,emi				
		Special Use: (explain)	^	x)	
		Conditional Use: (explain)		x)	
Secretarial Starr	L.	Other: (explain)	(×	

I (we) declare that this applica am (are) responsible for the d may be a result of **Baytlett C** above described preperty at a FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which y relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the lasonable of inspection.

(If there are Multiple (Owner(s):
Owners listed on the Deed All Owner	ナーメージ
ers must sign or letter(s) of authorization must accom	88

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

1347

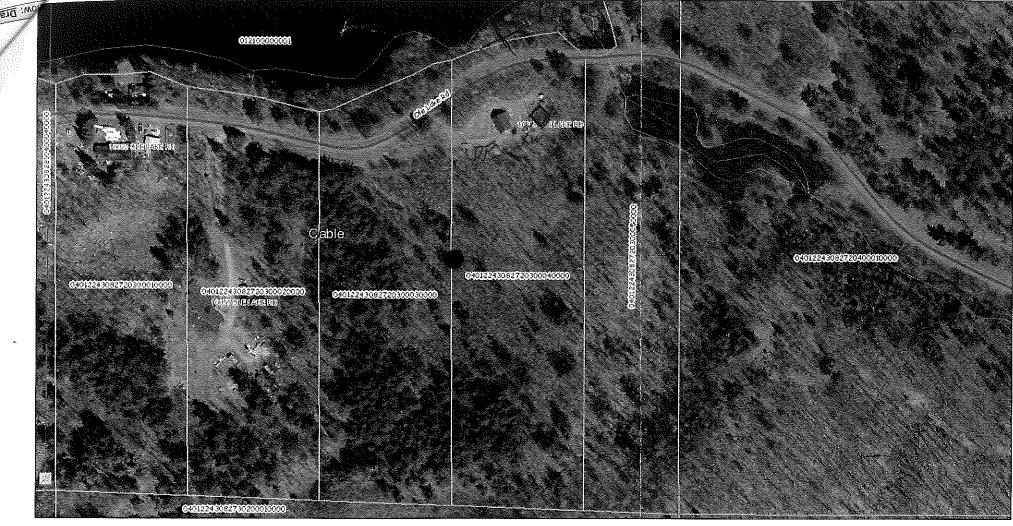
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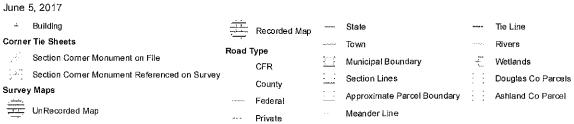
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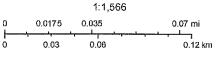
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Told For Conitany	Col for with pre unit	Date of Inspection: 7//// 7 Insp Condition(s): Town, Committee or Board Conditions Attached?	Was Parcel Legally Created Was Proposed Building Site Delineated Inspection Record:	80 -	Permit #: 17-0384 Is Parcel a Sub-Standard Lot	e Inform enied (Date	marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (H.) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not the construction of the construction of the construction or Use has not the construction of the construction of the construction of the construction or Use has not the construction of the construction of the construction of the constr	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the placement or construction by the placement of the placement or construction of a structure more accountable to the placement or construction of a structure more described by the placement of the placement	Setback to Drain Field Setback to Privy (Portable, Composting)	etback to Septic Tank or Holding Tank	Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	etback from the North Lot Line	Setback from the Centerline of Platted Roa Setback from the Established Right-of-Way	Description	Please complete (1) – (7) above (pr	Please complete (1) – (7) above (prior to continuing)	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
For TRA:	bry build a section to backs.	ected by	Xyes ONO		Permit Date: 7 (Deed of Record) (Fused/Contiguous Lot(s))	The local Town, Village, City, State or Federal agencies may also require permits. e Only) Sanitary Number: 12-1345 # of bedrooms: Reason for Denial:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.	ad surveyor at the owner's expense. The transfer of the owner's expense or than ten (10) feet but less than thirty (30) feet out the control of the owner's expense.	60 Fe	96	150 F	98	\$ 50 CT	Measurement	te (1) – (7) above (prior to continuing) Setbacks: (measured to the closest point)	rior to continuing)	
ar Affidavit:	shall be used lig purposes permits. No the building W/TS. Must	No - (If No they need to be attached.)	Were Property Lines	Previously Granted by Variance (B.O.A.)	XNo Mitigation Required XNo Mitigation Attached	ate or Federal agencies may also	ar from the Date of Issuance if C	beet from the minimum required setback, the both the minimum required setback, the both the minimum required setback.			Feet Setback from Wetland Feet 20% Slope Area on property Feet Flevation of Floodplain		Feet Setback from the Lake (ordinar		Chang		Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Tor page.			Were Property Lines Represented by Owner XYes Was Property Surveyed Yes	ariance (B.O.A.) Case #:	□ Yes SÁio Affidavit □ Yes SAio Affidavit	lso require permits. # of bedrooms: Sanitar	field (DF), Holding Tank (HT), Pronstruction or Use has not begun	the boundary line from which the setback mu		RCHH	nd property	"	ke (ordinary high-water mark) ver, Stream, Creek	Description	Changes in plans must be approved by the Planning & Zoning Dept.		olding Tank (HT) and/or
	Date of Approval: MM 20	Zoning District (F) Lakes Classification (N) Date of Re-Inspection:	Tonica and the second s		Affidavit Required Pes KNo Affidavit Attached Pes XNo	anitary Date:	rivy $\{P\}$, and $Well$ $\{W\}$.	ack must be measured must be visible from		20 Feet	Feet Yes No	Feet	/70 Feet	Measurement	y the Planning & Zoning Dept.		(*) Privy (P)

Bayfield County Web AppBuilder









Baylield County Baylield Village, State or Federal Also Be Required

Lot

SANITARY SIGN SPECIAL CONDITIONAL BOA -

Gov't Lot

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 17-0284 Issued To: Timothy Faust

Location: SW ¼ of NW ¼ Section 27 Township 43 N. Range 8 W. Town of Cable

Subdivision

For: Residential Accessory Structure: [1- Story; Garage (26' x 24') = 624 sq. ft.]

Block

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

CSM#

Authorized Issuing Official

July 26, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Semp (Regerve) E

JUL 202017

THERED Date: Permit #: Amount Paid: 7-28-17 1288

Bayfield Co. Zoning Dept.

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED→ ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER Owner's Name: Mailing Address: ☐ City/State/Zip: ☐ Telephone:

Contractor: Authorized Agent: (Person Signing Application on behalf of Owner(s)) Address of Property: BRUCE A + KATH PROJECT LOCATION 1/4, SW 200 Section 50 Legal Description: (Use Tax Statement) MORSE , Township T43M, Range ROS \mathscr{C}_2 3 17 43365 CABLE
Contractor Phone: ٤ Agent Phone: City/State/Zip: 7.401 vol & Page Town of: CABLE 786 MORSE RU CABLE څ 14128 Plumber: Agent Mailing Address (include City/State/Zip): Block(s) No. ξ. Recorded Deed (i.e. # assigned by Register Document #: 471-428 R-Lot Size Written Authorization Attached ☐ Yes ☐ No Cell Phone: 3964866-51C Plumber Phone: Acreage

				[
	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline :	ls Property in Floodplain Zone?	Are Wetlands Present?
□ Shoreland →	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline:	□Yes	□ Yes
	If yescontinue	feet	□No	□ No
XNon-Shoreland				

					\$ 9000, es		Value at Time of Completion * include donated time & material
O GARAGE	Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	9000, ∞	New Construction	Project
	★ Foundation	□ No Basement	☐ Basement	□ 2-Story	☐ 1-Story + Loft	□ 1-Story	# of Stories and/or basement
					Year Round	☐ Seasonal	Use
		× None		□ 3	□ 2	□ 1	# of bedrooms
☐ None	☐ Compost Toilet	Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
					ℤ Well	☐ City	Water

Proposed Construction: Lengt	Existing Structure: (If permit being applied for is relevant to it) Lengt	
m: 24'	**	
Width: 24'	Width:	
Height: 12 /	Height:	

Proposed Construction:	Existing Structure: (if permit being app	
Len	plied for is relevant to it) Length	
gth: RY	ST.	
Width: 24	Width:	
Height: パス	Height:	

☐ Special Use: (explain)			-	Accessory Building Addition/Alteration (specify)	Municipal Use X Accessory Building (specify) CARAGE		☐ Mobile Home (manufactured date)	\square Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	☐ Commercial Use with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	Residential Use with a Porch	with Loft	☐ Residence (i.e. cabin, hunting shack, etc.)	☐ Principal Structure (first structure on property)	Proposed Use Y Proposed Structure	
	(x)	(x)		(x)	(34 x 24)	(x)	(X)	g & food prep facilities) (XX)	(x)	(x)	(x)	(x)	(x)	(X)	(x)	(x)	Dimensions	
					945	***************************************											Square Footage	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

if (we) declare that this application (including any accompanying information) has been evantlined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which above described property at any reasonable time for the purpose of inspection.

Owner(s):

**Owner(s):

**Ow

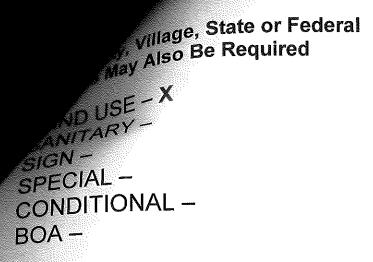
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

are Multiple Owners listed on the Deed 📶

Owners must sign or letter(s) of authorization must accompany this application) 15/2

Address to send permit

wor Sketch your Property (regardless of what you are applying for)



BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.

17-0289

Issued To:

Bruce & Kathy Goff

Par in

Location:

NW 1/4 of

SW 1/4

Section

13 Township 43

N.

Range 8

W.

Town of

Cable

Gov't Lot

Lot

Block

Subdivision

CSM#

For: Residential Accessory Structure: [1- Story; Garage (24' x 24') = 576 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 28, 2017

Date